



**STATE OF ARIZONA
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT**

FOR OFFICE USE ONLY

RECEIVED JUN 30 2008

1. Marsha Bonham for Treasurer
Full Name of Committee
3571 Camino Bella Rosa
Address
Sierra Vista 85650 Cochise (520) 803-1061
City Zip Code County Phone #

3. ID# CZ008-07

2. _____
Sponsoring Organization (If applicable)

Name of Candidate and Office Sought (If applicable)

Primary Election: September 2, 2008
General Election: November 4, 2008

Email Address

Fax#

4. REPORTING PERIOD (Please Check Appropriate Box)		DUE BETWEEN
a.	<input type="checkbox"/> JANUARY 31ST REPORT- For Period of November 28, 2006 through December 31, 2007	January 1, 2008 and January 31, 2008
b.	<input checked="" type="checkbox"/> JUNE 30TH REPORT- For Period of January 1, 2008 through May 31, 2008	June 1, 2008 and June 30, 2008
c.	<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT- For Period of June 1, 2008 through August 13, 2008	August 14, 2008 and August 21, 2008
d.	<input type="checkbox"/> POST-PRIMARY ELECTION REPORT- For Period of August 14, 2008 through September 22, 2008	September 23, 2008 and October 2, 2008
e.	<input type="checkbox"/> PRE-GENERAL ELECTION REPORT- For Period of September 23, 2008 through October 15, 2008	October 16, 2008 and October 23, 2008
f.	<input type="checkbox"/> POST-GENERAL ELECTION REPORT- For Period of October 16, 2008 through November 24, 2008	November 25, 2008 and December 4, 2008

5.	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a.	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5b.	Cash on Hand at the Beginning of this Reporting Period	0	
5c.	Total Receipts (from corresponding columns on Detailed Summary Page, line 8)	200.00	300.00
5d.	Subtotal (add lines b and c for column A and add lines a and c for column b)	300.00	300.00
6a.	Total Debts and obligations from Previous Campaign Committee at Beginning of this election Period (or at time Statement of Organization was filed for the new committee) (Do not add or subtract this line from the other lines)		0
6b.	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	241.43	241.43
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	58.57	58.57

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name

Marsha Bonham for Treasurer

2. ID#

3. Report covering period from

01/01/08

thru

05/31/08

CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name <u>Ludith Gignac</u> Street Address <u>1425 Via Veneto</u> City <u>Sierra Vista</u> State <u>AZ</u> Zip <u>85635</u> Occupation <u>Mgr</u> Employer <u>Bella Vista</u>	<u>04/20/08</u>	<u>100.00</u>	<u>100.00</u>
b	Name <u>D.O. Leininger</u> Street Address <u>1425 Via Veneto</u> City <u>Sierra Vista</u> State <u>AZ</u> Zip <u>85635</u> Occupation _____ Employer _____	<u>04/18/08</u>	<u>100.00</u>	<u>100.00</u>
c	Name <u>Marsha Bonham</u> Street Address <u>502 San Jose Dr</u> City <u>Bisbee</u> State <u>AZ</u> Zip <u>85603</u> Occupation <u>County Treasurer</u> Employer <u>Cochise County</u>	<u>01/01/08</u>	<u>100.00</u>	<u>100.00</u>
d	Name _____ Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____			
e	Name _____ Street Address _____ City _____ State _____ Zip _____ Occupation _____ Employer _____			
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (Transfer total to Detailed Summary Page, Line 4(a), Column A)		<u>300.00</u>	<u>300.00</u>

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

Schedule A Page 1 of 1

revised 4/2003

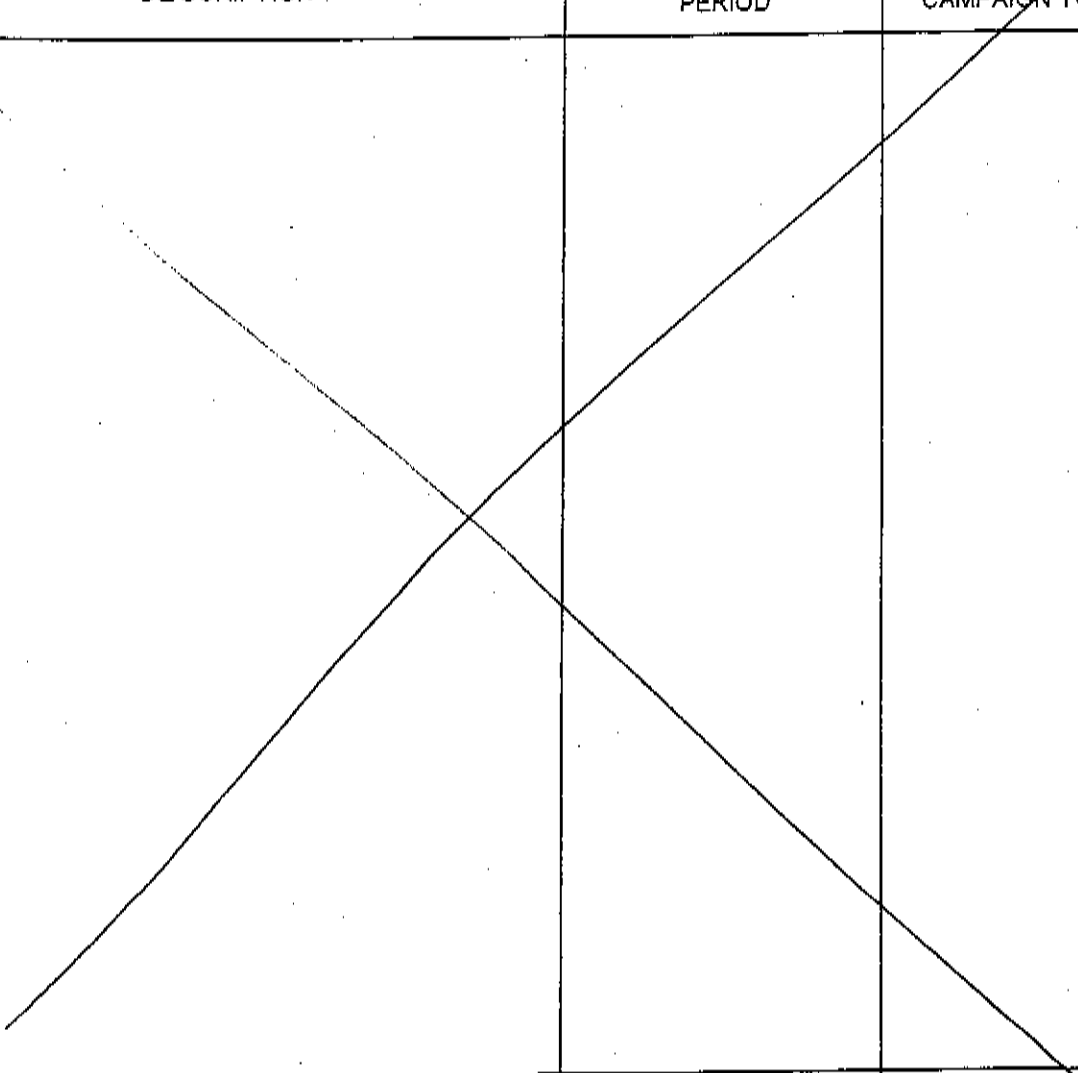
CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL***SCHEDULE A-1**

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
		
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.
List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name

3. Report covering period from thru

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN DATE TO
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4.			
a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
b	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
c	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
d	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
e	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
f	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
g	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
h	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
i	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B (if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A)		

**DETAILED SUMMARY PAGE OF
RECEIPTS AND DISBURSEMENTS**

PAGE 2

1. Committee Name Marsha Bonham for Treasurer

2. ID #

3. Report covering period of 01/01/08 thru 05/31/08

RECEIPTS

4. Contributions other than loans and in-kind:
 - (a) Individuals - more than \$25 (Total from Schedule A)
 - (b) Individuals - aggregate \$25 or less (Total from Schedule A-1)
 - (c) Political Committees (Total from Schedule B)
 - (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]
 - (e) Refund of contributions (Total from Schedule F-2)
 - (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]
5.
 - (a) Loans made or guaranteed by candidate (Total from Schedule C)
 - (b) All other loans (Total from Schedule C-1)
 - (c) Total Loans [add 5(a) and 5(b)]
6. In-kind contributions (Total from Schedule E)
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)
8. Total Receipts [add 4(f), 5(c), 6, and 7]

Column A This Period	Column B Campaign to Date
300.00	300.00
300.00	300.00
300.00	300.00
300.00	300.00

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)
10. Independent Expenditures (Total from Schedule D-1)
11. Value of in-kind expenditures (Total from Schedule E)
12. Loans made by reporting committee (Total from Schedule D-2)
13.
 - (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)
 - (b) Repayment of all other loans (Total from Schedule D-5)
 - (c) Total Loan Repayments [add 13(a) and 13(b)]
14. Transfers to other political committees (Total from Schedule D-6)
15. Any other disbursement (Total from Schedule D-7)
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)
18. Total disbursements [subtract line 17 from line 16]
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

241.43	241.43
241.43	241.43
241.43	241.43

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

MARIANN FLETCHER

Type or Print Name of Treasurer

Mariann Fletcher

06/30/08

Signature of Treasurer or Candidate or Designating Individual

Date

CANDIDATE LOANS

SCHEDULE C

2. ID#

1. Committee Name

3. Report covering period from thru

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4.						
4a	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
b	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
c	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
d	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
e	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C (if last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A)					

OTHER LOANS

SCHEDULE C-1

2. ID#

1. Committee Name

3. Report covering period from thru

ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN				
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 (If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A)				

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Marsha Bonham for Treasurer

2. ID#

3. Report covering period from

01/01/08

thru

05/31/08

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <u>Staples</u> Street Address <u>4299 E Hwy 90</u> City <u>Sierra Vista</u> State <u>AZ</u> Zip <u>85635</u> Description of Items or Services Purchased <u>copies</u>	<u>01/30/08</u>	<u>18.87</u>
b	Name <u>CM1 Quick Copy</u> Street Address <u>PO Box 86</u> City <u>Safford</u> State <u>AZ</u> Zip <u>85548</u> Description of Items or Services Purchased <u>Magnetic Signs</u>	<u>04/11/08</u>	<u>55.99</u>
c	Name <u>Wal Mart</u> Street Address City <u>Douglas</u> State <u>AZ</u> Zip <u>85607</u> Description of Items or Services Purchased <u>Parade decorations</u>	<u>04/16/08</u>	<u>17.46</u>
d	Name <u>Staples</u> Street Address <u>4299 E Hwy 90</u> City <u>Sierra Vista</u> State <u>AZ</u> Zip <u>85635</u> Description of Items or Services Purchased <u>business cards</u>	<u>04/26/08</u>	<u>16.17</u>
e	Name <u>Copper Kings Baseball</u> Street Address <u>PO Box 1022</u> City <u>Biobee</u> State <u>AZ</u> Zip <u>85603</u> Description of Items or Services Purchased <u>ad</u>	<u>04/18/08</u>	<u>120.00</u>
f	Name <u>Costco</u> Street Address City <u>Chandler</u> State <u>AZ</u> Zip Description of Items or Services Purchased <u>candy for parade</u>	<u>04/26/08</u>	<u>6.92</u>
5. ENTER TOTAL ONLY (LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A])			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Marsha Bonham for Treasurer

2. ID#

3. Report covering period from 01/01/08 thru 05/31/08

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a	Name <u>Wal Mart</u> Street Address _____ City <u>Sierra Vista</u> State <u>AZ</u> Zip <u>85635</u> Description of Items or Services Purchased <u>tapes</u>	<u>04/28/08</u>	<u>5.26</u>
b	Name <u>Bisbee Office Supply</u> Street Address <u>1116 Naco Hwy</u> City <u>Bisbee</u> State <u>AZ</u> Zip <u>85603</u> Description of Items or Services Purchased <u>copies</u>	<u>05/05/08</u>	<u>.76</u>
c	Name _____ Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____		
d	Name _____ Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____		
e	Name _____ Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____		
f	Name _____ Street Address _____ City _____ State _____ Zip _____ Description of Items or Services Purchased _____		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A]			<u>241.43</u>

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

INDEPENDENT EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED					
a Name					
Street Address					
City		State	Zip		
Purpose and Description of Purchase		Benefited [] Opposed []			
Candidate		Office Sought	Year of Election		
b Name					
Street Address					
City		State	Zip		
Purpose and Description of Purchase		Benefited [] Opposed []			
Candidate		Office Sought	Year of Election		
c Name					
Street Address					
City		State	Zip		
Purpose and Description of Purchase		Benefited [] Opposed []			
Candidate		Office Sought	Year of Election		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 (If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A)					

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. LOANS MADE BY THE REPORTING COMMITTEE				DATE LOAN MADE	AMOUNT OF LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE					
a	Committee Name	ID#			
	Address				
	City	State	Zip		
b	Committee Name	ID#			
	Address				
	City	State	Zip		
c	Committee Name	ID#			
	Address				
	City	State	Zip		
d	Committee Name	ID#			
	Address				
	City	State	Zip		
e	Committee Name	ID#			
	Address				
	City	State	Zip		
f	Committee Name	ID#			
	Address				
	City	State	Zip		
g	Committee Name	ID#			
	Address				
	City	State	Zip		
h	Committee Name	ID#			
	Address				
	City	State	Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 (if last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A)				

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
a	Name Street Address City State Zip Description of Refund		
b	Name Street Address City State Zip Description of Refund		
c	Name Street Address City State Zip Description of Refund		
d	Name Street Address City State Zip Description of Refund		
e	Name Street Address City State Zip Description of Refund		
f	Name Street Address City State Zip Description of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 (if last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A)		

* Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE			DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE				
a	Name			
	Street Address			
	City	State	Zip	
b	Name			
	Street Address			
	City	State	Zip	
c	Name			
	Street Address			
	City	State	Zip	
d	Name			
	Street Address			
	City	State	Zip	
e	Name			
	Street Address			
	City	State	Zip	
f	Name			
	Street Address			
	City	State	Zip	
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 (If last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A)			

Schedule D-4 Page ____ of ____

revised 4/2003

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. REPAYMENT OF ALL OTHER LOANS		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
a	Name and ID Number Street Address City State Zip		
b	Name and ID Number Street Address City State Zip		
c	Name and ID Number Street Address City State Zip		
d	Name and ID Number Street Address City State Zip		
e	Name and ID Number Street Address City State Zip		
f	Name and ID Number Street Address City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 (If last page of schedule Transfer total to Detailed Summary Page, Line 13(b), Column A)		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4. TRANSFERS MADE BY THE REPORTING COMMITTEE		DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE			
a	Name and ID Number		
	Street Address		
	City State Zip		
b	Name and ID Number		
	Street Address		
	City State Zip		
c	Name and ID Number		
	Street Address		
	City State Zip		
d	Name and ID Number		
	Street Address		
	City State Zip		
e	Name and ID Number		
	Street Address		
	City State Zip		
f	Name and ID Number		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 (Transfer total to Detailed Summary Page, Line 14, Column A)		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID#

1. Committee Name

3. Report covering period from thru

4. ANY OTHER DISBURSEMENT		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a	<p>Name and ID Number</p> <p>Street Address</p> <p>City State Zip</p> <p>Description</p>		
b	<p>Name and ID Number</p> <p>Street Address</p> <p>City State Zip</p> <p>Description</p>		
c	<p>Name and ID Number</p> <p>Street Address</p> <p>City State Zip</p> <p>Description</p>		
d	<p>Name and ID Number</p> <p>Street Address</p> <p>City State Zip</p> <p>Description</p>		
e	<p>Name and ID Number</p> <p>Street Address</p> <p>City State Zip</p> <p>Description</p>		
f	<p>Name and ID Number</p> <p>Street Address</p> <p>City State Zip</p> <p>Description</p>		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (if last page of Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A)		